California Perinatal (Birth) Cohort File, 1999 Record Layout

| Field | Record | Number | Alpha/ | |
|----------|----------|----------|---------|---|
| Number | Position | of Bytes | Numeric | Field Name and Description |
| * 1 - 5. | 1-5 | 56 | - | (Blank) |
| 6. | 6 | 1 | N | AMENDMENT TYPE |
| 7. | 58 | 1 | N | SEX OF CHILD |
| 8. | 59-60 | 2 | - | (Blank) |
| 9. | 61 | 1 | N | TYPE OF BIRTH |
| 10. | 62 | 1 | N | BIRTH ORDER |
| 11. | 63-66 | 4 | N | BIRTHWEIGHT (GRAMS) |
| 12. | 67-73 | 7 | N | DATE OF BIRTH (CYYMMDD) |
| 13. | 74-77 | 4 | N | MATERNITY HOSPITAL CODE |
| 14. | 78 | 1 | - | (Blank) |
| 15. | 79-80 | 2 | Α | COUNTY OCCURRENCE BIRTH |
| * 16. | 81-97 | 17 | - | (Blank) |
| 18. | 98-99 | 2 | Α | BIRTHPLACE OF MOTHER |
| 19. | 100-101 | 2 | N | AGE OF MOTHER |
| 20. | 102-103 | 2 | N | MOTHER'S YEARS OF EDUCATION |
| 21. | 104-105 | 2 | N | RACE-ETHNICITY OF MOTHER |
| 22. | 106 | 1 | - | (Blank) |
| 23. | 107-108 | 2 | Α | COUNTY RESIDENCE OF MOTHER (LB/FD) |
| 24. | 109-110 | 2 | - | (Blank) |
| 25. | 111 | 1 | N | TYPE OF CERTIFIER OF BIRTH |
| 26. | 112 | 1 | Α | MARITAL STATUS OF MOTHER (INFERRED) (Live Birth Only) |
| 27. | 113-118 | 6 | Α | CENSUS TRACT OF MOTHER'S RESIDENCE |
| 28. | 119-120 | 2 | N | AGE OF FATHER |
| 29. | 121-122 | 2 | N | FATHER'S YEARS OF EDUCATION |
| 30. | 123-124 | 2 | N | RACE-ETHNICITY OF FATHER |
| 31. | 125 | 1 | - | (Blank) |
| 32. | 126-132 | 7 | Α | DATE OF CHILD'S DEATH (CYYMMDD) (Live Birth Only) |
| 33. | 133-136 | 4 | N | DATE OF BIRTH REGISTRATION (YYMM) |
| 34. | 137-142 | 6 | A | DATE OF LAST MENSES (YYMMDD) |
| 35. | 143-145 | 3 | A | LENGTH OF GESTATION (IN DAYS) |
| 36. | 146 | 1 | A | MONTH PRENATAL CARE BEGAN |
| 37. | 147-148 | 2 | N | NUMBER OF PRENATAL CARE VISITS |
| 38. | 149-152 | 4 | - | (Blank) |
| 39. | 153-154 | 2 | N | LIVE BIRTHS NOW LIVING |
| 40. | 155-156 | 2 | N | LIVE BIRTHS NOW DECEASED |
| 41. | 157-158 | 2 | N | TOTAL CHILDREN BORN ALIVE |
| 42. | 159-160 | 2 | N | TERMINATIONS BEFORE 20 WEEKS |
| 43. | 161-162 | 2 | N | TERMINATIONS 20 WEEKS PLUS |
| 44. | 163-164 | 2 | N | TOTAL CHILDREN EVER BORN |
| 45. | 165-168 | 4 | A | DATE OF LAST LIVE BIRTH (YYMM) |
| 46. | 169-172 | 4 | - | (Blank) |
| 47. | 173-176 | 4 | Α | DATE OF LAST TERMINATION (YYMM) |
| *48 - 50 | 177-192 | 16 | - | (Blank) |
| 51. | 193-224 | | N | COMPLICATION OF PREGNANCY |
| 52. | 225-242 | 18 | N | COMPLICATION OF LABOR/DELIVERY |

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| Field | Record | Number | Alpha/ | |
|------------|----------|----------|---------|--|
| Number | Position | of Bytes | Numeric | Field Name and Description |
| 53. | 243-262 | 20 | N | ABNORMAL CONDITIONS |
| 54. | 263-272 | 10 | - | (Blank) |
| 55. | 273-276 | 4 | N | HOUR OF BIRTH (HHMM) |
| * 56. | 277-284 | 8 | - | (Blank) |
| 57. | 285 | 1 | N | HISPANIC ORIGIN CODE OF FATHER |
| 58. | 286 | 1 | N | HISPANIC ORIGIN CODE OF MOTHER |
| 59. | 287-291 | 5 | Α | MOTHER'S RESIDENTIAL ZIP CODE |
| 60. | 292-293 | 2 | N | STATE OF RESIDENCE OF MOTHER |
| 61. | 294-296 | 3 | N | CENSUS PLACE MOTHER'S RESIDENCE (Live Birth Only) |
| 62. | 297-304 | 8 | - | (Blank) |
| 63. | 305 | 1 | N | TYPE OF EVENT (Live Birth and Fetal Death) |
| 64. | 306-307 | 2 | N | YEAR OF EVENT (Live Birth and Fetal Death) |
| 65. | 308-309 | 2 | N | BIRTH LOCAL REGISTRATION DISTRICT |
| * 66 - 67. | 310-332 | 23 | - | (Blank) |
| 68. | 333-339 | 7 | Α | FATHER'S DATE OF BIRTH (CYYMMDD) |
| 69. | 340-347 | 8 | - | (Blank) |
| 70. | 348-354 | 7 | Α | MOTHER'S DATE OF BIRTH (CYYMMDD) |
| 71. | 355-362 | 8 | - | (Blank) |
| 72. | 363-365 | 3 | Α | METHOD OF DELIVERY THIS BIRTH |
| 73. | 366-367 | 2 | N | PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE |
| 74. | 368-369 | 2 | N | EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY |
| 75. | 370 | 1 | N | PLANNED BIRTHPLACE THIS BIRTH |
| 76. | 371-378 | 8 | N | DATE OF DECEDENT'S DEATH (CCYYMMDD) |
| 77. | 379-381 | 3 | N | AGE OF DECEDENT (CUU) |
| 78. | 382 | 1 | N | DEATH REPORTED TO CORONER (Infant Death and Fetal Death) |
| 79. | 383 | 1 | N | BIOPSY PERFORMED ON DECEDENT |
| 80. | 384 | 1 | N | AUTOPSY PERFORMED ON DECEDENT |
| | | | | (Infant Death and Fetal Death) |
| 81. | 385 | 1 | N | OPERATION PERFORMED |
| 82. | 386 | 1 | N | TYPE FACILITY WHERE DECEDENT DIED |
| 83. | 387 | 1 | N | DEATH IN HOSPITAL |
| 84. | 388 | 1 | N | TYPE OF CERTIFIER OF DEATH |
| 85. | 389-393 | 5 | Α | UNDERLYING CAUSE OF DEATH (ICD 10TH REVISION) (Infant Death and Fetal Death) |
| 86. | 394-396 | 3 | N | GROUP CAUSE OF DEATH |
| 87. | 397-399 | 3 | N | INFANT GROUP CAUSE OF DEATH |
| 88. | 400 | 1 | N | HISPANIC ORIGIN OF DECEDENT |
| 89. | 401-406 | 6 | N | (Blank) |
| 90 | 407-408 | 2 | N | RACE-ETHNICITY OF DECEDENT |
| 91. | 409-410 | 2 | Α | PLACE OF DECEDENT'S RESIDENCE |
| 92. | 411-412 | 2 | N | PLACE WHERE DEATH OCCURRED |
| 93. | 413-414 | 2 | N | DEATH LOCAL REGISTRATION DISTRICT |

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| Field Number | Record Position | Number of Bytes | Alpha/ Numeric | Field Name and Description | | |
|-----------------|---|-----------------|-------------------|----------------------------|--|--|
| *94 - 95. | 415-426 | 12 | - | (Blank) | | |
| NOTE: | Unless otherwise noted, item in bold type is death information for infant decedent only. Unless otherwise noted, item not in bold type is birth information for live birth or fetal death. Data are suppressed with blanks when personal identifiers are not requested. | | | | | |
| Source: | California Department of Health Services, Vital Statistics Section, "1999 California Birth File Documentation," "1999 California Death File Documentation," and "1999 California Fetal Death File Documentation," California Birth Cohort File, Revised March 29, 2002. | | | | | |